

563 571
 45
 12/15
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ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | Det - | 571 | 12/14/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

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